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Listening for Participation

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This anonymised case description combines features from several, similar case scenarios from the first author's practice.

Grace is six years old, lives with her parents and attends her local primary school. Angela, Grace's mother, requested occupational therapy support because Grace struggled to sit still during lessons and her teacher was worried about sensory seeking behaviour. No significant medical or developmental history was reported.

As occupational therapists, we wanted to ensure we understood Grace's and Angela's main priorities and agreed clear goals for Grace's participation, i.e. her involvement in life situations,¹ and daily occupations. To achieve this, the therapist relied on her listening skills. Her first question to Grace and Angela was: "What's brought you here today?". Generally in our practice, we use open questions like this to encourage children and parents to tell us about what matters to them. It can be challenging, because families have many different priorities and concerns. However, we believe that families know their priorities best, so it's important that they set the agenda. We try not to restrict our conversations to things that occupational therapy can help with, especially if we can connect families with other services, or provide information or reassurance.

As well as open questions, the therapist used child-friendly, visual rating scales (from 'OK' to 'Not OK'), so Grace could describe how she sees her participation in daily occupations. At her age, Grace liked the structured scales and it helped Angela and the therapist to hear her point of view.

Angela wanted Grace to fully participate in school activities and meet her academic potential. She was worried that Grace's difficulties with sitting still would prevent her from joining in school activities successfully. The therapist observed Grace during her literacy lesson, a particular worry for Angela and the teacher. By observing the whole lesson (beginning, middle and end), the therapist gained an understanding of

how the teacher ran the class, what Grace had to do, and what else was happening in the situation. Grace listened to the instructions while sitting on the carpet and did her written work sitting at her desk. The therapist noticed how much she moved and fidgeted in her seat, which seemed to distract her from getting her work done.

Using the International Classification of Functioning, Disability and Health (ICF)¹ to guide her clinical reasoning, the therapist thought about the potential pathways through which Grace's participation in lessons could be supported: body functions (e.g. attention) and structures (e.g. muscles); activity limitations (e.g. undertaking tasks independently); personal factors (e.g. motivation to write); or the environment (e.g. classroom furniture and prompts from the teacher). The therapist decided to target the physical environment (i.e. furniture) and social environment (i.e. prompts from the teacher). Children are thought to benefit from school furniture that fits them well, allows movement, and encourages good posture,² so the therapist adjusted Grace's desk and seat and added an air-filled cushion. Younger children often require extra direction from adults, so the therapist showed the teacher how to support Grace by verbally and visually prompting her to sit comfortably. Grace is doing better during lessons and Angela is happy with her progress. Next, the therapist will look at the other goals that were agreed, observe Grace in these situations, and think about which pathways might support her participation.

How do we keep our practice participation-focused? The most important things for us are family-centred goal-setting, observing children in their real life contexts and using a framework like the ICF¹ to think through our interventions. Shifting our focus to participation has been challenging. Traditionally we're more used to focusing on skills, and it can feel complicated to try and influence participation outcomes. However, it's clear that participation outcomes are valued by families and fundamental to our practice as occupational therapists.

¹World Health Organization. International classification of functioning, disability and health - children and youth version. ICF-CY. 1st ed: *World Health Organisation*. 2007.

²Furniture Industry Research Association. *Safe seats of learning. How good school furniture can make a difference*. Available from:

<http://www.fira.co.uk/document/safe-seats-of-learning.pdf>